POSITION	INITIALS	ID NO.	DATE
	(signature)		10/03/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	10/10/00
FORMALITY REVIEW	RT	575	10-30-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Final	Original	5-3-01	Date								
1	1	=									
3	2	✓									
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Claims 51–100 (blank)

Claims 101–150 (blank)

If more than 150 claims or 10 actions
staple additional sheet here

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